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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/535,007			ing Date 12/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY			HER THAN ALL ENTITY
FOR			NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		]	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A			N/A			N/A	
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ = 1		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		,			x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()))										1		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL	
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY										OTHER THAN OR SMALL ENTITY		
AMENDMENT	02/27/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 17	Minus	·· 27		= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1,16(h))	• 1	Minus	3		= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus					x \$ =		OR	x \$ =	
	Independent (37 CFR 1,16(h))		Minus	**				x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))									]		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ### If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  #### The Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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